



Administrative Policies and Procedures: 16.46

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| Subject: | Child/Youth Referral and Placement |
| Authority: | TCA 71-3-501; 37-5-106; 37-1-116(b); 37-1-137(a) (5); 37-2-415; TCA 37-5-106; 37-4-201 et seq.; Interstate Compact on the Placement of Children (ICPC) Regulation I |
| Standards: | DCS Practice Model Standard- 6-502A DCS Practice Model Standard- 6-511C |
| Application: | To All Department of Children's Services Staff and Tennessee Licensed Child Placing Agency Staff |

Policy Statement:

All children in DCS custody shall be placed in accordance to their individual needs. The placement will be respectful of a child's home/school district, in their own community, placed with siblings and placed in the most home-like and least restrictive setting that will meet their unique needs. To the extent possible, these placements will take into consideration the family, the child and the community's safety.

Purpose:

Child welfare and the safety of children in DCS custody is of utmost importance. Placement of children in safe, secure and most appropriate settings to meet their needs is essential to best practice. Although DCS has the responsibility for the placement of children, all placements decisions will be made in the context of a Child and Family Team meeting, if possible. Whenever the Child and Family Team (CFT) cannot be convened to make placement decisions, the DCS Placement Services Division, in correlation with the child's family and/or supports, will collaborate in identifying the best placement for the child that will meet their unique, individual needs and limit the amount of trauma experienced by the child.

Procedures:

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| A. Assessment of Children | <ol style="list-style-type: none">1. The placement of all children shall take into consideration all of the information gathered prior to and during the initiation of any custody episode. This information shall be documented in the child's Family Functional Assessment and continually updated during the child's time in care in accordance with DCS Policy 11.4, Functional Family Assessment Process.2. The use of other specialized assessments (i.e. CANS, YLS, SDM, etc) should be utilized as needed and documented in the case file in accordance with DCS Policy 11.1, Assessment Process. The information gathered in these assessments tools should also be considered in the identification of the most appropriate settings for children. |
| B.CFTM Process for | <ol style="list-style-type: none">1. The child and family team will be engaged in making all placement decisions in |

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| <p>all Placement Decisions</p> | <p>accordance with Policy 31.7 Building, Preparing and Maintaining Child and Family Teams.</p> <ol style="list-style-type: none"> At the point that a child (ren) comes into Departmental custody/care, the DCS placement services division representative and other specialized DCS experts, (if needed), will engage the family in discussing the unique needs of the child and family. They will review all available assessment information so that the appropriate placement can be identified and matched to the child's needs. Within the Initial CFTM, the members will utilize all assessments and available placement information to review and determine the best placement for the child. <p>Note: If the Family Service worker identifies a child where DCS has been excused from reasonable efforts or TPR and adoption is likely and the current resource family is not an option, then the CFTM should consider a legal risk placement.</p> <ol style="list-style-type: none"> The decision to implement a change in the placement of a child/youth for purpose of stabilization should be made within the context of a Child and Family Team Meeting and scheduled, whenever possible, prior to the actual change of placement occurring. Utilize DCS form CS- 0747, Child and Family Team Meeting Summary, to document CFTM decisions. When a CFTM is convened to prevent a disruption of placement or stabilize a placement, it must be held within 15 working days of the child's change in placement. If a provider requests that a CFTM be convened to discuss possible disruption or change, the FSW should respond and schedule that meeting within three(3) days of notification (see CFTM Protocol). |
| <p>C. Referral Process</p> | <ol style="list-style-type: none"> Upon determination that a child/youth may need out of home placement (initial or subsequent), the FSW must immediately contact the Regional Placement Services Division. The form CS-0727, Initial Intake, Placement Referral and Checklist will be completed. A staff person from the Regional Placement Services Division will begin gathering any known information about the child/youth and begin identifying the range of potential placement options for the Child and Family Team. The placement specialist, or appropriate designated staff person, should participate in the Child and Family Team Meeting and be prepared to provide the team with the available options should the team determine placement is necessary. If the placement specialist or appropriate designated staff person is unable to participate in the CFTM, they must ensure that the FSW assigned to the family is provided the information about potential placements. The placement specialist will document efforts towards placement in the child/youth's TNKids record. When making a referral for placement, the following items should be submitted to the provider by the FSW or Placement Services Division staff member: <ol style="list-style-type: none"> <u>Referral:</u> <ol style="list-style-type: none"> Cover Letter Family Functional Assessment, with any addendum, and revisions to include a behavior and placement summary for the last six months |

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| | <p>(see Policy 11.4, Family Functional Assessment Process).</p> <ul style="list-style-type: none"> c) Critical medical information; the needs of the child for any ongoing medical prescription, current prescription medication. d) Any 'zero tolerance' issues that may exist. e) Psychological assessment, if appropriate. f) Permanency Plan packet including revisions (includes Permanency Plan, CS 0577, Notice of Equal Access to Programs, Appeal Rights, Notice of Action (as applicable) and TennCare Medical Care Appeal form). g) Commitment Order h) Any potential diligent search information that would be needed for placement. <p>In addition to the placement referral information, the following information should be forwarded to the provider agency, as soon as possible:</p> <p>2. <u>Admission: (Copies)</u></p> <ul style="list-style-type: none"> a) Additional Court Order (s) b) Authorization for Routine Medical Services For Minors (CS-0206), c) School records, including special education records, CS-0657, Education Passport. (Also see Policy 21.14, Serving the Educational Needs of Children). d) Immunizations e) Birth Certificate f) Social Security card <p>Insurance information: Managed Care Organization (MCO) Behavioral Health Organization (BHO) or copy of Tenn-Care application (original).</p> |
| D. Placement Options | <p>All placements for a child or children should consider the following three (3) principals:</p> <ul style="list-style-type: none"> 1. Minimizing the trauma experienced by children and families during the placement process. 2. Striving for the first placement to be the best placement within the child's home county/community or as close to home as possible. 3. Placing children in the most appropriate, most family-like setting that will meet their needs. <ul style="list-style-type: none"> ◆ The child and family team should consider placements for children that are the least restrictive and the least intrusive setting to meet their needs, including the opportunity to keep siblings together in resource homes, refer to Section F of this policy). This should occur in a successive manner from least restrictive to most restrictive according to the individual child's needs. Potential placement options should be considered as follows: |

- a. **Within their own Home-** Whenever possible, children should remain in their own home with supportive services. These services should include formal and informal supports that can be accessed within a child and family's community.
- b. **With Relatives or Kin-** Placement with a relative/**significant kin** shall always be preferred over that of a non-relative as long as the relative home can provide a safe and stable environment.
 1. Relatives/significant kin providing for children in DCS custody shall be provided with the same financial and case management support as a non-relative resource home as soon as the approval process is completed.
 2. Completion of the approval process is required. Refer to DCS Policy [16.20, Expedited Custodial Placements](#).
 3. If a relative resource for placement is identified that falls outside of the state lines, please refer to [THE INTERSTATE. COMPACT ON THE PLACEMENT OF CHILDREN \(ICPC\) Practices and Procedures Manual](#), Section I-IV, for specific procedures regarding compliance for out-of-state placement protocols.
- c. **Resource Home Inside the Child's Home County/Neighborhood-**
Whenever possible, children should be placed in resource homes within or as close to their own neighborhoods. By placing children within their neighborhoods, they have the best opportunity to maintain connections to their informal supports and remain in their current school. This option limits the amount of trauma experienced by the removal process. Efforts should also be made to access both informal and formal out-patient services to meet any needs identified.
- d. **Resource Home Outside the Child's Home County/Neighborhood-**
When resource homes are not available within the child's neighborhood, children should be placed in the nearest resource home to their community. Specific plans should be made for children to be able to maintain connections to their community supports and friends while they are temporarily away from home. Much like placement within their communities, informal and formal out-patient services should be accessed to meet any treatment needs.
- e. **Group Home-** This placement type should be sought for children with moderate behavior problems that could not be better served in a family setting. Assessment criteria should reflect the needs for a higher level of care outside of a family setting. The child should present minimum to moderate risk to the community so that specialized services can be accessed outside of the facility on an outpatient basis. No child committed to the Department as a dependent and neglected child, or as an unruly child, shall be placed in a juvenile justice group home.
- f. **Residential Treatment Center-** Residential Treatment Centers are utilized when the children have serious symptoms or major impairment in several areas, such as work or school, family relations, judgment, thinking or mood or a moderate to high risk of elopement. They have a moderate to high risk for instability in behavior and mental health status, or occasionally experience acute psychiatric episodes. Impairment prevents regular

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| | <p>utilization of outpatient treatment.</p> <p>g. Detention- Utilized as a short-term placement for delinquent children <u>only</u> that requires constant supervision, due to their risk to the community and/or others. This setting should be utilized as a temporary placement (see section E. of this policy), until assessment of the child's needs are completed or a more long-term placement is secured.</p> <p>h. Youth Development Center- This placement setting is utilized for delinquent offenders that have multiple or aggravated felony offenses and pose a significant risk to the community. All children being considered for this placement should meet the criteria and expectations in accordance with DCS Policies 11.3, Criteria for Assessment and Placement of Delinquent Youth in Youth Development Centers, and 18.34, Referral and Placement of Youth in Regional Youth Development Centers.</p> <p>i. Hospital/Sub-Acute- Utilized when behavior is considerably influenced by delusions or hallucination or serious impairment in communications. There is an inability to function in almost all areas and the child may pose a significant risk of harm to self or others. The level of functioning is not due, exclusively, to mental retardation, organic dysfunction, or developmental disabilities. The difficulties are amenable to active psychiatric treatment and require 24 hour supervision or access to staff. The child presents a need for highly specialized treatment, on site; and the assessment results reflect a need for this type of service.</p> <p>DCS requires that DCS Medically Fragile homes become a shared home with an approved Medically Fragile private provider agency. For the scope of services for a Medically Fragile child/youth, refer to the Private Provider Policy Manual.</p> <p>Note: When identifying the placement that best meets the child and family's needs, it is necessary to determine whether a Placement Exception Request is needed. Refer to Criteria for Determining a Placement Exception Request (PER) to determine whether a PER is necessary for the placement type. If necessary, a copy of the Placement Exception Request, CS-0664, should be placed in the child's case file and documented in TN-Kids Case Recordings.</p> |
| E. Use of Temporary Placements | <ol style="list-style-type: none"> Children shall not be placed in emergency/temporary facilities if: <ul style="list-style-type: none"> A child/youth can not be placed in an emergency/temporary facility over 30 calendar days without a CS-0664, Placement Exception Request (PER), documenting reason and approval by the Regional Administrator. Children adjudicated Dependent/Neglected or Unruly shall not be placed in more than one shelter or other emergency or temporary facility within any 12 month period without a CS-0664, Placement Exception Request (PER), documented reason, and approval by the Regional Administrator. An exception may occur in the case of children who are runaways, facing a direct threat to their safety or who present a threat to the safety of others and immediate removal from their current placement is necessary. Temporary placement for these exceptions shall not exceed a maximum of five (5) calendar days. <ul style="list-style-type: none"> An exception for up to fifteen(15) days for children requiring placement for the purpose of assessing placement needs as a result of significant behavioral changes shall apply. |

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| F. Placement of Siblings | <ol style="list-style-type: none"> 1. Siblings who enter custody at or near the same time shall be placed together, unless; <ol style="list-style-type: none"> a) doing so is harmful to one or more of the siblings, b) one of the siblings has such exceptional needs that they can only be met in a specialized program or facility, c) the size of the sibling group makes such placement impractical notwithstanding diligent efforts to place the siblings together. 2. If a sibling group is separated at the time of placement, the child's Family Service Worker along with other identified staff shall make immediate efforts to locate or recruit a family in whose home the siblings can be reunited. These efforts shall be documented and maintained the case file. 3. Complete and document CS-0664 Placement Exception Request (PER) prior to placement as needed. 4. Refer to DCS Policy 16.43, Supervised and Unsupervised Visitation between Child/Youth, Family and Siblings for sibling visitation requirements. |
| G. Information Disclosure at Placement | <ol style="list-style-type: none"> 1. If circumstances require any child being placed in a private provider agency setting, DCS will provide all information to assure appropriate placement and services. 2. In the event that a child is placed in a DCS resource home, the department will disclose all information in accordance with DCS policy 20.25, Health Information and Access. This will include the use of CS-0544, Resource Home Placement Checklist. 3. If a resource parent has concerns regarding full-disclosure of child information, they may contact the local DCS office and schedule an opportunity to review child specific information and discuss concerns with the FSW and Team Leader. |
| H. Restriction and Response of DCS Regarding Child/Youth in DCS Custody Placed in Detention, Jails or Correctional Facilities | <ol style="list-style-type: none"> 1. No child in foster care shall be placed in a jail, correctional, or detention facility unless the child has been charged with a delinquent offense or unless otherwise placed or ordered by the court. Court orders, verbal or written, purportedly instructing DCS to place a child in jail, YDC, or detention facility must be provided immediately to the DCS Regional Counsel for interpretation and legal advice. 2. Upon notice that a child/youth, in the custody of DCS, has been placed in a jail, correctional facility, or detention center, the assigned Family Service Worker shall immediately determine the child/youth's current adjudication status. 3. If it is determined that the child/youth is in DCS custody as a result of a dependent/neglect or unruly adjudication, the Family Service Worker shall immediately determine if detainable delinquent charges have been filed against the child/youth or if there is a court order placing the child/youth in the facility. Before placement may be made based upon a court order instructing DCS to require such a placement, the Family Service Worker must consult with the Regional General Counsel. If the Regional General Counsel determines that the written court order does require such placement, then the child must be placed there until such time as the order is amended upon reconsideration by the court, |

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| | <p>or until a higher court reverses such a court order, as confirmed to the FSW by the DCS attorney.</p> <p>4. In those situations where it is determined that there are no detainable charges against the child/youth and after the DCS Regional Counsel determines that the court order does not require the child/youth's placement in a hardware secure facility such as a jail, correctional facility or detention facility, the Family Service Worker shall make arrangements for the child/youth to be removed from the facility and that the child/youth be placed in an appropriate resource care placement. The response to removal of a child from these facilities is <u>immediate</u>. During such periods of time that a child is in a detention facility or jail, the assessments as listed in Section A-2 should be implemented by provision of services identified in the assessments.</p> <p>5. If a child is awaiting community placement and is not moved within fourteen (14) days, approval must be given by the Regional Administrator for the placement to continue.</p> <p>6. Children/youth placed in detention or otherwise detained in another state due to runaway or other legal reasons are subject to return through the Interstate Compact on Juveniles (ICJ) program.</p> |
| I. Placement of Delinquent Youth in a Resource Home | <p>1. When placing a delinquent youth in a resource home, the prospective resource family shall be provided with all available information regarding the youth's delinquent record. Resource homes have the right to refuse placement of delinquent offenders who they judge to present an unacceptable risk to their family, other foster children, their property or community.</p> <p>2. Youth, adjudicated delinquent and committed to DCS as a result of a felony offense(s) and youth having a history of convictions for felony offenses, shall not be placed in family resource homes prior to having received residential treatment, unless the committing juvenile court has been notified of the planned foster home placement and the Deputy Commissioner for Juvenile Justice Programs or his designee has approved such placement. Step-down and placement in a family resource home may be made following a period of residential treatment without notification to the committing court or approval from the Deputy Commissioner for Juvenile Justice Programs /designee. If the resource home has other children residing in it (biological or foster), the risk to those children will be assessed prior to the placement of a delinquent child/youth in the home if the delinquent child/youth was adjudicated on charges regarding violence against a person (including sexual offenses).</p> <p>3. Youth, adjudicated delinquent and committed to DCS as a result of misdemeanor offenses and in the absence of prior felony offenses, may be placed in family resource homes following notification of the committing court.</p> <p>4. Resource homes that accept delinquent youth must take the 9-hour course, "Parenting the Delinquent Youth" before the youth is placed in the home. This training must address the juvenile justice system, discipline, birth parent, teenage behavior and community involvement.</p> |
| J. Data System | <p>1. Placement information for children/youth in DCS custody must be entered into TN-Kids according to best practice and in a timeframe that allows for the needs</p> |

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| Documentation | <p>of the child/youth being placed. This includes: disruptions, move toward permanency, to a lower level placement or change in resource home.</p> <p>2. Events not documented elsewhere in TN-Kids or needing fuller explanation are entered into Case Recordings which shall be recorded and completed within 30 days of date of occurrence</p> |
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| Forms: | <p><u>CS-0206 Authorization for Routine Medical Services for Minors</u></p> <p><u>CS-0544 Resource Home Placement Checklist</u></p> <p><u>CS-0577 Permanency Plan</u></p> <p><u>CS-0657, Education Passport</u></p> <p><u>CS- 0664 Placement Exception Request</u></p> <p><u>CS-0727 Custodial Intake Form</u></p> <p><u>CS-0747 Child and Family Team Meeting Summary</u></p> <p><u>TennCare Medical Care Appeal</u></p> |
| Collateral Documents: | <p><u>Child and Family Team Meeting (CFTM) Protocol</u></p> <p><u>Criteria for Requesting a Placement Exception Request</u></p> <p><u>The Interstate Compact on The Placement Of Children Practices and Procedural Manual</u></p> <p><u>Private Provider Policy Manual</u></p> <p><u>Protocol for Continuation of TennCare Eligibility for Children Exiting Custody</u></p> <p><u>DCS Policy 11.1, Assessment Process</u></p> <p><u>DCS Policy 11.3, Criteria for Assessments and Placement of Delinquent Youth in Youth Development Centers</u></p> <p><u>DCS Policy 11.4, Family Functional Assessment Process</u></p> <p><u>DCS Policy 16.20, Expedited Custodial Placements</u></p> <p><u>DCS Policy 16.43, Supervised and Unsupervised Visitation Between Child/Youth, Family and Siblings</u></p> <p><u>DCS Policy 18.34, Referral and Placement of Youth in Regional Youth Development Centers</u></p> <p><u>DCS Policy 21.14, Serving the Educational Needs of Children</u></p> |

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| Glossary: | |
| Family Service Worker | A DCS term used to identify the person who's principally responsible for the case and has the primary responsibility for building, preparing, supporting and maintaining the Child and Family Team as the child and family move to permanence. |
| Group Home | A home operated by any person, agency, corporation, or institution or any group which receives 7 to 12 children under 17 years of age for full-time care outside their own homes in facilities owned or rented and operated by the organization. Group homes can provide care for delinquent, unruly |

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| | and dependent/neglected youth with the first priority being delinquent youth. |
| Legal Risk Placement | <ol style="list-style-type: none"> 1. It is the placement of a child/youth with resource parents who can make a permanent commitment to the child for whom reasonable efforts for reunification with parents are not required or for whom there is a high likelihood of becoming legally freed for adoption. 2. The Family Service Worker in consultation with their supervisor will determine: <ol style="list-style-type: none"> a. If this is a case where DCS can ask for no reasonable effort or b. Is this a case where TPR/Adoption is very likely |
| Relative | A person connected with another by blood, marriage or adoption. |
| Resource Home | New term used by DCS to identify the foster home, family who cares for a child by providing parental care and upbringing on a short term or temporary basis. The Resource Family can be a relative, kin or a person unrelated by blood. |
| Resource Parent | Any person trained and approved by the Department of Children's Services or has an equivalent training and approval which is accepted by the department. The resource parent provides a family environment and cares for a child/youth in state custody in need of foster care services, kinship foster care services or adoption. |
| Significant Kin | Non-relative adults who have a significant relationship with a child in out-of-home placement (e.g. godparents or family friend). |
| Unified Placement Process | A process that embodies the decision making process envisioned by the practice model. When implemented well, the process empowers the members of the child and family team with supportive resources and choices for the placement of children/youth and builds readiness within our Department for potential clients. Unified Placement improves communication and strengthens partnerships with private providers and affords children/youth the optimal opportunity to be placed in a stable setting that best matches their strengths, needs and opportunity for achieving permanency in a timely manner. |